

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)  
[Enter your name, address and telephone number]

Adeshola Oshinaike  
222-11 NESBIT TERRACE  
IRVINGTON, NJ 07111  
(862) 214-0068

In Re:  
[Enter the debtor's name(s)]

Case No.:

16-28001-SLM  
[Enter the case number]

Chapter:

13  
[Enter the chapter; example: 13]

Hearing Date:

[Enter the hearing date]

Judge:

Weisel, STACEY  
[Enter the Judge's last name]

NOTICE OF MOTION TO

[Enter the relief sought]

~~Reopen CASE~~  
REINSTATE

[Enter your name]

Adeshola Oshinaike has filed papers with the court to [Enter the relief sought]  
Newark, New Jersey

**YOUR RIGHTS MAY BE AFFECTED.** You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one).

If you do not want the court to grant this motion, or if you want the court to consider your views, you or your attorney must file with the clerk at the address listed below, a written response explaining your position no later than 7 days prior to the hearing date.

Hearing Date:

[Enter the date of the hearing]

Hearing Time:

[Enter the time of the hearing]

Hearing Location:

[Enter the location of the hearing]

Courtroom Number:

[Enter the courtroom number]

If you mail your response to the clerk for filing, you must mail it early enough so the court will receive it on or before 7 days prior to the hearing date.

You must also mail a copy of your response to:

*[Enter the trustee's name and address]*


*[Enter the name and address of all other parties who will be affected by this motion]*

Marie-Ann Greenberg  
30 Two Bridges Road  
Suite 330  
Fairfield, NJ 07004  
(973) 227-2840

If you, or your attorney, do not take the steps outlined above, the court may decide that you do not oppose the relief sought in the motion and may enter an order granting that relief.

Date:

11/18/16  
*[Enter the date this document is signed]*

  
Signature *[Of the party seeking relief]*

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

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[Enter your name, address and phone number]

Adeshola OshinAIKE  
222-11 NESBIT TERRACE  
IRVINGTON, NJ 07111  
(862) 214-0068

In Re:  
[Enter the debtor's name(s)]

JAMES J. WALDRON  
BY: C. K. Rishard  
DEPUTY CLERK

Case No.:  
[Enter the case number]

Chapter:  
[Enter the chapter of the case]

Hearing Date:  
[Enter the hearing date]

Judge:  
[Enter the Judge's last name]

CERTIFICATION OF SERVICE

1. I, Adeshola OshinAIKE

☐ represent \_\_\_\_\_ in this matter.

☐ am the secretary/paralegal for \_\_\_\_\_, who represents  
\_\_\_\_\_ in this matter.

☒ am the debtor in this case and am representing myself.

2. On [Enter the date you served the documents] November 18, 2016, I sent a copy of the  
following pleadings and/or documents to the parties listed in the chart below.

[Place a check next to each document you served]

☒ Notice of Motion [Enter title of motion] Reopen CASE  
REINSTATE

☐ Certification in Support of Motion [Enter title of motion] \_\_\_\_\_

☐ Statement as to Why No Brief is Necessary

☐ Proposed Order Granting Motion *[Enter title of motion]* \_\_\_\_\_

☐ Other *[Enter title of document]* \_\_\_\_\_

3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date:

ABK 11/18/16  
*[Enter the date you signed this document]*

X 11/ ABK  
*Signature [Of the person who served the documents]*

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p><i>[Enter the name and address of the party you served]</i></p> <p>SEE ATTACHED LIST</p>	<p><i>[Enter the party's relationship to the case]</i></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p>	<p><i>[Enter the party's relationship to the case]</i></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
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<p><i>[Enter the name and address of the party you served]</i></p>	<p><i>[Enter the party's relationship to the case]</i></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p>	<p><i>[Enter the party's relationship to the case]</i></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>

CIT GROUP SALES FIN	PO BOX 24610, OKLAHOMA CITY OK 73124	800-721-4006
CNTL JRSY CU	123 GREEN STREET, WOODBRIDGE, NJ 07095	732-6340600
CNTRLJERSY	,	732-634-0600
Credit Plus	31550 Winter Place Parkway, SALISBURY, MD 21801	800-258-3488
ESSEX COUNTY DISTRICT COURT	470 HIGH ST, NEWARK, NJ	973-693-5529
ESSEX COUNTY special civil	490 MARTIN LUTHER KING J, NEWARK, NJ 07102	973-693-6460
FASHION BUG	745 CENTER STREET, MILFORD, OH 45150	800-767-1309
FIELDSTONE	11000 BROKEN LAND PKWY STE 600, COLUMBIA, MD 21044	410-772-7200
HMS	,	800-333-7023
MIDLAND FUND	2365 NORTHSIDE DRIVE SUITE 300, SAN DIEGO, CA 92108	844-236-1959
MIDLAND FUNDING	8875 AERO DR STE 200, SAN DIEGO, CA 92123	877.240.2377
Midland Funding LLC	, San Diego, CA, 92123	800-265-8825
OXFORD MANAGEMENT SERVICES	,	800-982-6096
PC ESSEX	490 DR M LUTHER KG, NEWARK, NJ 07102	973-621-4960
PORTFOLIO	,	888-772-7326 x11730
PORTFOLIO RC	287 INDEPENDENCE, VIRGINIA BEACH, VA 23462	800-772-1413
PORTFOLIO RECVRY&AFFIL	120 CORPORATE BLVD STE 1, NORFOLK VA 23502	888-772-7326
TD BANK USA/TARGETCRED	PO BOX 673, MINNEAPOLIS, MN 55440	888-755-5856
VERICREST	,	800-721-4006

U.S. BANKRUPTCY COURT  
FILED  
NEWARK, NJ

2016 NOV 18 PM 3:20

JAMES J. WALDRON

BY: C. Richardson  
DEPUTY CLERK

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)  
[Enter your name, address and telephone number]

Adeshola OshinAIKE  
222-11 NESBIT TERRACE  
IRVINGTON, NJ 07111  
(862) 214-0068

In Re:  
[Enter the debtor's name(s)]

Case No.: 16-28001-SLM  
[Enter the case number]

Chapter: 13  
[Enter the chapter]

Hearing Date: \_\_\_\_\_  
[Enter the hearing date]

Judge: Meisel, STACY  
[Enter the judge's last name]

CERTIFICATION OF Adeshola OshinAIKE  
[Enter the name of the person that has personal knowledge of the facts set forth below]

I, [Enter the name of the person that has personal knowledge of the facts set forth below]  
Adeshola OshinAIKE, [Enter their relationship to the case. For  
example: debtor, creditor] debtor in the above captioned case, submits this  
Certification in support of the Motion for [Enter title of motion] Reopen  
\_\_\_\_\_ filed by me on [Enter the date the motion was  
filed] 9-20-2016.

1. [Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a  
separate numbered paragraph.]

I DID NOT Receive ANY Correspondence  
from the court pertaining to any  
other documents Required.

2. [Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a separate numbered paragraph.]

Believe I AM NOT  
CAPABLE to Repay all of my debts

3. [Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a separate numbered paragraph.]

4. [Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a separate numbered paragraph.]

5. [Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a separate numbered paragraph.]

I certify under penalty of perjury that the above is true.

Date:

11/18/16

[Enter the date this document is signed]

Signature

[Of the party with actual knowledge of the facts set forth above]



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

[Enter your name, address and telephone number]

Adeshola Oshinaike  
222-11 Nesbitt Terrace  
Irvington, NJ 07111  
(862) 214-0068

In Re:

[Enter the debtor's name(s)]

U.S. BANKRUPTCY COURT  
FILED  
NEWARK, NJ

2016 NOV 18 PM 3:50

JAMES J. WALDRON

BY: C. Richards  
DEPUTY CLERK

Case No.:

16-28001-SLM  
[Enter the case number]

Chapter:

13  
[Enter the chapter; example: 13]

Hearing Date:

[Enter the hearing date]

Judge:

Miesel, Stacey  
[Enter the Judge's last name]

STATEMENT AS TO WHY NO BRIEF IS NECESSARY

In accordance with D.N.J. LBR 9013-1(a)(3), it is respectfully submitted that no brief is necessary in the court's consideration of this motion, as it does not involve complex issues of law.

Date:

11/18/16  
[Enter date this document is signed]

ABK  
Signature [Of party seeking relief]

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

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[Enter your name, address and phone number]

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(862) 214-0068

In Re:  
[Enter the debtor's name(s)]

Adeshola Oshinaike

Case No.:

16-28001-SLM  
[Enter the case number]

Chapter:

13  
[Enter the case number]

Hearing Date:

[Enter the hearing date]

Judge:

Weisel, Stacy  
[Enter the Judge's last name]

ORDER GRANTING

to Reinstate  
[Enter the relief sought]

The relief set forth on the following pages, numbered two (2) through [enter the number of the last page of this Order] \_\_\_\_\_ is **ORDERED**.

[Leave the rest of this page blank]

The Court having reviewed the movant's *[Enter the title of the motion]* \_\_\_\_\_,  
\_\_\_\_\_, and any related responses or objections, it is  
hereby

ORDERED that:

1. *[Enter the relief sought or ordered by the Court at the hearing. Each item of relief must be set forth in a separate numbered paragraph]* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. *[Enter the relief sought or ordered by the Court at the hearing. Each item of relief must be set forth in a separate numbered paragraph]* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. *[Enter the relief sought or ordered by the Court at the hearing. Each item of relief must be set forth in a separate numbered paragraph]* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. *[Enter the relief sought or ordered by the Court at the hearing. Each item of relief must be set forth in a separate numbered paragraph]* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_